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|            |               |                             |               | Document                  | Page 1 01 22                                                      |                          |           |                      |
|------------|---------------|-----------------------------|---------------|---------------------------|-------------------------------------------------------------------|--------------------------|-----------|----------------------|
| Fill in    | this infor    | mation to identify your     | case and      | this filing:              |                                                                   |                          |           |                      |
| Debto      | r 1           | Lidaly D. Maral             |               |                           |                                                                   |                          |           |                      |
| Debio      | 1 1           | Lidely D. Morel First Name  | Mi            | iddle Name                | Last Name                                                         |                          |           |                      |
| Debto      | r 2           |                             |               |                           |                                                                   |                          |           |                      |
| (Spouse    | e, if filing) | First Name                  | Mi            | iddle Name                | Last Name                                                         |                          |           |                      |
| Linited    | l States R    | ankruptcy Court for the:    | FASTER        | RN DISTRICT OF PEN        | INSYI VANIA                                                       |                          |           |                      |
| Office     | Jiales Di     | ankruptcy Court for the.    | LACILI        | TO DIOTRIOT OF TEN        | INO I EVAINA                                                      |                          |           |                      |
| Case       | number        | 24-12980                    |               |                           |                                                                   |                          |           | Check if this is an  |
|            | -             |                             |               |                           |                                                                   |                          | _         | amended filing       |
|            |               |                             |               |                           |                                                                   |                          |           |                      |
|            |               | /-                          |               |                           |                                                                   |                          |           |                      |
| Offic      | cial Fo       | orm 106A/B                  |               |                           |                                                                   |                          |           |                      |
| Sch        | edu           | le A/B: Prop                | ertv          |                           |                                                                   |                          |           | 12/15                |
|            |               |                             |               |                           | If an accest fite in many than                                    |                          | 4 ! 41    |                      |
|            |               |                             |               |                           | If an asset fits in more than only be are filing together, both a |                          |           |                      |
|            |               |                             | n a separat   | e sheet to this form. On  | the top of any additional pag                                     | ges, write your name and | case nu   | mber (if known).     |
| answer     | every que     | stion.                      |               |                           |                                                                   |                          |           |                      |
| Part 1:    | Describe      | Each Residence, Building    | g, Land, or   | Other Real Estate You     | Own or Have an Interest In                                        |                          |           |                      |
|            |               |                             |               |                           |                                                                   |                          |           |                      |
| . Do y     | ou own or     | have any legal or equitable | le interest i | in any residence, buildir | ng, land, or similar property?                                    | 1                        |           |                      |
| ■ N        | o. Go to Pa   | art 2                       |               |                           |                                                                   |                          |           |                      |
| _          |               |                             |               |                           |                                                                   |                          |           |                      |
| ЦΥ         | es. Where     | is the property?            |               |                           |                                                                   |                          |           |                      |
|            |               |                             |               |                           |                                                                   |                          |           |                      |
| Part 2:    | Describe      | Your Vehicles               |               |                           |                                                                   |                          |           |                      |
|            | 2000          |                             |               |                           |                                                                   |                          |           |                      |
| ο γοι      | ı own, lea    | se, or have legal or eq     | uitable in    | terest in any vehicles    | s, whether they are regist                                        | ered or not? Include an  | y vehic   | les you own that     |
| someo      | ne else dr    | ives. If you lease a vehic  | de, also re   | port it on Schedule G:    | Executory Contracts and U                                         | Jnexpired Leases.        |           |                      |
| ≳ Car      | s vans fi     | rucks, tractors, sport u    | tility vehi   | cles motorcycles          |                                                                   |                          |           |                      |
| , Oui      | o, vano, ti   | ruoko, truotoro, oport u    | tilley voils  | oles, motor cycles        |                                                                   |                          |           |                      |
|            | lo            |                             |               |                           |                                                                   |                          |           |                      |
| <b>■</b> Y | 'es           |                             |               |                           |                                                                   |                          |           |                      |
|            | 00            |                             |               |                           |                                                                   |                          |           |                      |
|            |               | Infinity                    |               |                           |                                                                   | Do not deduct secure     | d claims  | s or exemptions. Put |
| 3.1        | Make:         |                             |               | wno nas an interest in    | the property? Check one                                           | the amount of any se     | cured cla | aims on Schedule D:  |
|            | Model:        | JX35                        |               | Debtor 1 only             |                                                                   | Creditors Who Have       | Claims S  | Secured by Property. |
|            | Year:         | 2013                        |               | Debtor 2 only             |                                                                   | Current value of the     |           | urrent value of the  |
|            |               |                             | 5,000         | Debtor 1 and Debtor       | 2 only                                                            | entire property?         | po        | ortion you own?      |
| -          | Other infor   | mation:                     |               | At least one of the de    | ebtors and another                                                |                          |           |                      |
|            |               |                             |               | П                         |                                                                   | \$2,500.0                | n         | \$2,500.00           |
|            |               |                             |               | Check if this is com      | imunity property                                                  | ΨΞ,300.0                 | _         | ΨΣ,300.00            |
|            |               |                             |               | (See mondenons)           |                                                                   |                          |           |                      |
|            |               |                             |               |                           |                                                                   | Do not deduct secure     | d alaims  | or exemptions But    |
| 3.2        | Make:         | Honda                       |               | Who has an interest in    | the property? Check one                                           | the amount of any se     |           |                      |
|            | Model:        | CVR                         |               | ■ Debtor 1 only           |                                                                   | Creditors Who Have       |           |                      |
|            | Year:         | 1998                        |               | Debtor 2 only             |                                                                   | Current value of the     | С         | urrent value of the  |
|            | Approxima     | te mileage: 230             | ,000          | Debtor 1 and Debtor       | 2 only                                                            | entire property?         |           | ortion you own?      |
|            | Other infor   | mation:                     |               | ☐ At least one of the de  | ebtors and another                                                |                          |           |                      |
|            |               |                             |               | _                         |                                                                   | <b>ተ</b> ድብር ሲ           | ^         | <b>ታ</b> ድ ዕለ ሰላ     |
|            |               |                             |               | Check if this is com      | munity property                                                   | \$600.0                  | _         | \$600.00             |
|            |               |                             |               | (see instructions)        |                                                                   |                          |           |                      |

|    | □Yes                                                                                                                                                                                                                                                       |                                                                                   |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Ę  | 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here=>                                                                                  | \$3,100.00                                                                        |
| ī  | Part 3: Describe Your Personal and Household Items                                                                                                                                                                                                         |                                                                                   |
| [  | Do you own or have any legal or equitable interest in any of the following items?                                                                                                                                                                          | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6  | <ul> <li>Household goods and furnishings         Examples: Major appliances, furniture, linens, china, kitchenware     </li> <li>□ No</li> </ul>                                                                                                           |                                                                                   |
|    | Yes. Describe                                                                                                                                                                                                                                              |                                                                                   |
|    | Furniture & Appliances                                                                                                                                                                                                                                     | \$500.00                                                                          |
| 7. | <ul> <li>Electronics         Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music including cell phones, cameras, media players, games         ■ No         □ Yes. Describe     </li> </ul> | collections; electronic devices                                                   |
| 8  | Collectibles of value     Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coir other collections, memorabilia, collectibles     ■ No     □ Yes. Describe                              | n, or baseball card collections;                                                  |
| 9. | <ul> <li>Equipment for sports and hobbies         Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments         ■ No         □ Yes. Describe     </li> </ul>            | and kayaks; carpentry tools;                                                      |
| 10 | <ul> <li>O. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No □ Yes. Describe</li> </ul>                                                                                                                                |                                                                                   |
| 1  | <ul> <li>1. Clothes         <ul> <li>Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories</li> <li>□ No</li> <li>■ Yes. Describe</li> </ul> </li> </ul>                                                                      |                                                                                   |
|    | Clothing                                                                                                                                                                                                                                                   | \$250.00                                                                          |
| 1: | <ol> <li>Jewelry         Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,         □ No         ■ Yes. Describe     </li> </ol>                                                               | gold, silver                                                                      |
|    | Jewelry                                                                                                                                                                                                                                                    | \$200.00                                                                          |

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1 Lidely D. Morel Case number (if known) 24-12980

| De  | btor 1                   | Lidely D. Mo                                  | rel                         |                                  | Document                                                            | - age o oi        | Case number (if known)           | 24-12980                                                                          |
|-----|--------------------------|-----------------------------------------------|-----------------------------|----------------------------------|---------------------------------------------------------------------|-------------------|----------------------------------|-----------------------------------------------------------------------------------|
| 13. |                          | irm animals<br>bles: Dogs, cats, b            | oirds, horse                | s                                |                                                                     |                   |                                  |                                                                                   |
|     | ■ No                     | ologo, odlo, k                                | Jirdo, 110100               | J                                |                                                                     |                   |                                  |                                                                                   |
|     | ☐ Yes.                   | Describe                                      |                             |                                  |                                                                     |                   |                                  |                                                                                   |
|     |                          | her personal and                              | d househo                   | d items you d                    | lid not already list,                                               | including any he  | ealth aids you did not list      |                                                                                   |
|     | ■ No<br>□ Yes            | Give specific info                            | ormation                    |                                  |                                                                     |                   |                                  |                                                                                   |
|     |                          | G. 10 op 000                                  |                             |                                  |                                                                     |                   |                                  |                                                                                   |
| 15. |                          |                                               |                             |                                  | n Part 3, including a                                               |                   | ages you have attached           | \$950.00                                                                          |
| Par | t 4: De                  | scribe Your Financ                            | cial Assets                 |                                  |                                                                     |                   | '                                |                                                                                   |
|     |                          |                                               |                             | itable interest                  | in any of the follow                                                | wing?             |                                  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     | □ No                     |                                               |                             |                                  | home, in a safe dep                                                 |                   | hand when you file your petition | no                                                                                |
|     | _ 103                    |                                               |                             |                                  |                                                                     |                   |                                  |                                                                                   |
|     |                          |                                               |                             |                                  |                                                                     |                   | Cash                             | \$20.00                                                                           |
|     | □ No<br>■ Yes            |                                               | ·                           | Checking                         | nts with the same in Institution  M&T Bar                           | name:             |                                  | \$84.00                                                                           |
|     |                          |                                               | 17.2. <b>\$</b>             | Savings                          | M&T Bar                                                             | nk                |                                  | \$100.00                                                                          |
|     | Examp                    | , <b>mutual funds, c</b><br>oles: Bond funds, |                             |                                  | s<br>brokerage firms, mo                                            | ney market acco   | unts                             |                                                                                   |
|     | ■ No<br>□ Yes            |                                               | In                          | stitution or issu                | er name:                                                            |                   |                                  |                                                                                   |
|     |                          | ublicly traded sto<br>venture                 | ock and int                 | erests in inco                   | rporated and uning                                                  | corporated busi   | nesses, including an interes     | t in an LLC, partnership, and                                                     |
| l   | ☐ Yes.                   | Give specific info                            |                             | out them<br>of entity:           |                                                                     |                   | % of ownership:                  |                                                                                   |
| ١   | Negoti<br>Non-ne<br>■ No | iable instruments<br>egotiable instrum        | include per<br>ents are tho | sonal checks, o<br>se you cannot | egotiable and non-r<br>cashiers' checks, pro<br>transfer to someone | omissory notes, a | nd money orders.                 |                                                                                   |
|     | ⊔ Yes.                   | Give specific info                            |                             | out them<br>name:                |                                                                     |                   |                                  |                                                                                   |
|     |                          | ment or pension<br>ples: Interests in I       |                             | , Keogh, 401(k)                  | ), 403(b), thrift savin                                             | gs accounts, or o | ther pension or profit-sharing   | plans                                                                             |
|     |                          | List each account                             | t separately<br>Type of a   |                                  | Institution                                                         | name:             |                                  |                                                                                   |

Official Form 106A/B Schedule A/B: Property page 3

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1 Lidely D. Morel Case number (if known) 24-12980

| De  | btor 1               | Lidely D. N                         | lorel                                                            |                                                                                  | 9                    | Case number (if known)         | 24-12980                                                      |
|-----|----------------------|-------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------|--------------------------------|---------------------------------------------------------------|
|     | Your sh              | hare of all unu                     |                                                                  | e made so that you may continuate continuation and rent, public utilities (elect |                      |                                | es, or others                                                 |
|     |                      |                                     |                                                                  | Institution na                                                                   | ame or individual:   |                                |                                                               |
|     | Annuiti No           | i <b>es</b> (A contract             | for a periodic payme                                             | nt of money to you, either for                                                   | life or for a numbe  | er of years)                   |                                                               |
|     | □ Yes                |                                     | Issuer name and des                                              | cription.                                                                        |                      |                                |                                                               |
|     |                      |                                     | tion IRA, in an accord, 529A(b), and 529(b)                      | unt in a qualified ABLE prog<br>(1).                                             | yram, or under a     | qualified state tuition prog   | gram.                                                         |
| I   | ☐ Yes                |                                     | Institution name and                                             | description. Separately file the                                                 | records of any in    | nterests.11 U.S.C. § 521(c):   |                                                               |
| ı   | No                   |                                     | •                                                                | operty (other than anything                                                      | listed in line 1),   | and rights or powers exer      | rcisable for your benefit                                     |
| [   | ☐ Yes.               | Give specific i                     | nformation about ther                                            | n                                                                                |                      |                                |                                                               |
| ļ   | <i>Examp</i><br>■ No | oles: Internet de                   |                                                                  | ecrets, and other intellectual<br>es, proceeds from royalties and<br>n           |                      | ments                          |                                                               |
| 27. | License              | es, franchises                      | , and other general                                              | intangibles                                                                      |                      |                                |                                                               |
| _   | ■ No                 | 0.                                  | ermits, exclusive licer                                          | nses, cooperative association                                                    | holdings, liquor lid | censes, professional license   | es                                                            |
| Мо  | ney or p             | property owe                        | d to you?                                                        |                                                                                  |                      |                                | Current value of the                                          |
|     |                      |                                     |                                                                  |                                                                                  |                      |                                | portion you own?  Do not deduct secured claims or exemptions. |
|     | Tax ref              | unds owed to                        | you                                                              |                                                                                  |                      |                                |                                                               |
| I   | ☐ Yes. 0             | Give specific in                    | nformation about then                                            | n, including whether you alrea                                                   | dy filed the return  | s and the tax years            |                                                               |
| ı   | <i>Examp</i><br>■ No |                                     | ,                                                                | spousal support, child suppor                                                    | rt, maintenance, d   | livorce settlement, property   | settlement                                                    |
| [   | ☐ Yes. (             | Give specific ir                    | nformation                                                       |                                                                                  |                      |                                |                                                               |
| _   | Examp<br>            | les: Unpaid wa                      | eone owes you<br>ages, disability insura<br>unpaid loans you mad | nce payments, disability bene<br>e to someone else                               | fits, sick pay, vaca | ation pay, workers' compen     | sation, Social Security                                       |
| _   | ■ No<br>□ Yes.       | Give specific i                     | nformation                                                       |                                                                                  |                      |                                |                                                               |
|     | Ехатр                | ts in insurand<br>bles: Health, dis |                                                                  | ce; health savings account (H                                                    | ISA); credit, home   | owner's, or renter's insuran   | се                                                            |
| _   | ■ No                 | Nama tha ina                        |                                                                  | ala malian and list its malne                                                    |                      |                                |                                                               |
|     | ⊔ Yes. i             | name the insu                       | rance company of ear<br>Company nar                              | ch policy and list its value.<br>ne:                                             | Benef                | ficiary:                       | Surrender or refund value:                                    |
| ı   | If you a someon      |                                     | iary of a living trust, e                                        | rom someone who has died<br>xpect proceeds from a life ins                       |                      | are currently entitled to rece | ive property because                                          |
|     |                      | 0                                   |                                                                  |                                                                                  |                      |                                |                                                               |

Official Form 106A/B Schedule A/B: Property page 4

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1 Lidely D. Morel Case number (if known) 24-12980

| DCL   | Lidely D. Worel                                                                                                                         |                            | 24-12                               | .900       |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------|------------|
| _     | Claims against third parties, whether or not you have filed a law<br>Examples: Accidents, employment disputes, insurance claims, or rig |                            | and for payment                     |            |
| _     | ■ No<br>□ Yes. Describe each claim                                                                                                      |                            |                                     |            |
| 34.   | Other contingent and unliquidated claims of every nature, include                                                                       | ding counterclaims         | of the debtor and rights to set off | claims     |
| ı     | No                                                                                                                                      |                            |                                     |            |
|       | Yes. Describe each claim                                                                                                                |                            |                                     |            |
| 35.   | Any financial assets you did not already list                                                                                           |                            |                                     |            |
| _     | No                                                                                                                                      |                            |                                     |            |
|       | Yes. Give specific information                                                                                                          |                            |                                     |            |
| 36.   | Add the dollar value of all of your entries from Part 4, including for Part 4. Write that number here                                   |                            |                                     | \$204.00   |
| Par   | 5: Describe Any Business-Related Property You Own or Have an Intere                                                                     | est In. List any real esta | ate in Part 1.                      |            |
| 37. I | Do you own or have any legal or equitable interest in any business-related                                                              | d property?                |                                     |            |
|       | No. Go to Part 6.                                                                                                                       |                            |                                     |            |
|       | Yes. Go to line 38.                                                                                                                     |                            |                                     |            |
|       |                                                                                                                                         |                            |                                     |            |
| Par   | Describe Any Farm- and Commercial Fishing-Related Property You Only 15 you own or have an interest in farmland, list it in Part 1.      | Own or Have an Intere      | st In.                              |            |
| 46    | Do you own or have any legal or equitable interest in any farm- o                                                                       | or commercial fishir       | ng-related property?                |            |
|       | ■ No. Go to Part 7.                                                                                                                     |                            | ig related property:                |            |
|       | Yes. Go to line 47.                                                                                                                     |                            |                                     |            |
|       | 1 (es. 00 to line 47.                                                                                                                   |                            |                                     |            |
| Par   | 7: Describe All Property You Own or Have an Interest in That You                                                                        | Did Not List Above         |                                     |            |
|       | , , , , , , , , , , , , , , , , , , ,                                                                                                   |                            |                                     |            |
| 53.   | Do you have other property of any kind you did not already list?<br>Examples: Season tickets, country club membership                   |                            |                                     |            |
| ı     | No                                                                                                                                      |                            |                                     |            |
|       | Yes. Give specific information                                                                                                          |                            |                                     |            |
|       |                                                                                                                                         |                            |                                     |            |
| 54.   | Add the dollar value of all of your entries from Part 7. Write tha                                                                      | t number here              | ······                              | \$0.00     |
| _     |                                                                                                                                         |                            |                                     |            |
| Par   | List the Totals of Each Part of this Form                                                                                               |                            |                                     |            |
| 55.   | Part 1: Total real estate, line 2                                                                                                       |                            |                                     | \$0.00     |
| 56.   | Part 2: Total vehicles, line 5                                                                                                          | \$3,100.00                 |                                     |            |
| 57.   | Part 3: Total personal and household items, line 15                                                                                     | \$950.00                   |                                     |            |
| 58.   | Part 4: Total financial assets, line 36                                                                                                 | \$204.00                   |                                     |            |
| 59.   | • • • • •                                                                                                                               | \$0.00                     |                                     |            |
| 60.   | <b></b>                                                                                                                                 | \$0.00                     |                                     |            |
| 61.   | Part 7: Total other property not listed, line 54 +                                                                                      | \$0.00                     |                                     |            |
| 62.   | Total personal property. Add lines 56 through 61                                                                                        | \$4,254.00                 | Copy personal property total        | \$4,254.00 |
| 63.   | Total of all property on Schedule A/B. Add line 55 + line 62                                                                            |                            |                                     | \$4,254.00 |

Official Form 106A/B Schedule A/B: Property page 5

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| Fill in this infor  | mation to identify your  | case:              |                 |                     |
|---------------------|--------------------------|--------------------|-----------------|---------------------|
| Debtor 1            | Lidely D. Morel          |                    |                 |                     |
|                     | First Name               | Middle Name        | Last Name       |                     |
| Debtor 2            |                          |                    |                 |                     |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name       |                     |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT C | OF PENNSYLVANIA |                     |
| Case number         | 24-12980                 |                    |                 |                     |
| (if known)          |                          |                    |                 | Check if this is an |
|                     |                          |                    |                 | amended filing      |

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

|    | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)   |                                      |       |                                                                 |                                    |  |  |  |  |  |
|----|----------------------------------------------------------------------------------------|--------------------------------------|-------|-----------------------------------------------------------------|------------------------------------|--|--|--|--|--|
|    | ■ You are claiming federal exemptions. 11                                              | U.S.C. § 522(b)(2)                   |       |                                                                 |                                    |  |  |  |  |  |
| 2. | For any property you list on Schedule A/B                                              | that you claim as exe                | empt, | fill in the information below.                                  |                                    |  |  |  |  |  |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo   | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |  |  |  |
|    |                                                                                        | Copy the value from<br>Schedule A/B  | Che   | eck only one box for each exemption.                            |                                    |  |  |  |  |  |
|    | 2013 Infinity JX35 185,000 miles Line from Schedule A/B: 3.1                           | \$2,500.00                           |       | \$2,500.00                                                      | 11 U.S.C. § 522(d)(2)              |  |  |  |  |  |
|    | Line Holli Schedule AVB. 3.1                                                           |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |
|    | 1998 Honda CVR 230,000 miles<br>Line from Schedule A/B: 3.2                            | \$600.00                             |       | \$600.00                                                        | 11 U.S.C. § 522(d)(2)              |  |  |  |  |  |
|    | Line Holli Schedule AVB. 3.2                                                           |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |
|    | Furniture & Appliances Line from Schedule A/B: 6.1                                     | \$500.00                             |       | \$500.00                                                        | 11 U.S.C. § 522(d)(3)              |  |  |  |  |  |
|    | Line Holli Golledale PAB. 4.1                                                          |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |
|    | Clothing Line from Schedule A/B: 11.1                                                  | \$250.00                             |       | \$250.00                                                        | 11 U.S.C. § 522(d)(3)              |  |  |  |  |  |
|    | Line Holli Schedule PAB. 11.1                                                          |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |
|    | Jewelry Line from Schedule A/B: 12.1                                                   | \$200.00                             |       | \$200.00                                                        | 11 U.S.C. § 522(d)(4)              |  |  |  |  |  |
|    | Line nom Schedule AVD. 12.1                                                            |                                      |       | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |  |
|    |                                                                                        |                                      |       |                                                                 |                                    |  |  |  |  |  |

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| De | btor 1 Lidely D. Morel                                                              |                                      | Case number (if known) | 24-12980                                                        |                                    |
|----|-------------------------------------------------------------------------------------|--------------------------------------|------------------------|-----------------------------------------------------------------|------------------------------------|
|    | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo                    | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |                                                                                     | Copy the value from<br>Schedule A/B  | Che                    | ck only one box for each exemption.                             |                                    |
|    | Cash Line from Schedule A/B: 16.1                                                   | \$20.00                              |                        | \$20.00                                                         | 11 U.S.C. § 522(d)(5)              |
|    | Line nom Schedule A/D. 10.1                                                         |                                      |                        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Checking: M&T Bank                                                                  | \$84.00                              |                        | \$84.00                                                         | 11 U.S.C. § 522(d)(5)              |
|    | Line from Schedule A/B: 17.1                                                        |                                      |                        | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Savings: M&T Bank Line from Schedule A/B: 17.2                                      | \$100.00                             | •                      | \$100.00                                                        | 11 U.S.C. § 522(d)(5)              |
|    | Line IIIIII Schedule A/B. 17.2                                                      |                                      |                        | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/25 and every  |                                      |                        | led on or after the date of adjustmer                           | nt.)                               |
|    | No No                                                                               |                                      |                        |                                                                 | _                                  |
|    | Yes. Did you acquire the property cover                                             | ed by the exemption wi               | thin 1                 | 215 days before you filed this case                             | ?                                  |
|    | □ No                                                                                |                                      |                        |                                                                 |                                    |
|    | ☐ Yes                                                                               |                                      |                        |                                                                 |                                    |

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|                                     | . ==000 p                | Document P                                                                                    | age 8 o       | f 22                              |                                        |                      |
|-------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------|---------------|-----------------------------------|----------------------------------------|----------------------|
| Fill in this informa                | ation to identify you    | r case:                                                                                       |               |                                   |                                        |                      |
| Debtor 1                            | Lidely D. Morel          |                                                                                               |               |                                   |                                        |                      |
|                                     | First Name               | Middle Name Las                                                                               | st Name       |                                   |                                        |                      |
| Debtor 2<br>(Spouse if, filing)     | First Name               | Middle Name La:                                                                               | st Name       |                                   |                                        |                      |
| United States Bank                  | kruptcy Court for the:   | EASTERN DISTRICT OF PENNSY                                                                    | LVANIA        |                                   |                                        |                      |
| Case number 24                      | I-12980                  |                                                                                               |               |                                   |                                        |                      |
| (if known)                          |                          |                                                                                               |               |                                   |                                        | k if this is an      |
|                                     |                          |                                                                                               |               |                                   | amer                                   | nded filing          |
| Official Form                       | 106D                     |                                                                                               |               |                                   |                                        |                      |
| Schedule [                          | : Creditors              | Who Have Claims Se                                                                            | cured         | by Propert                        | V                                      | 12/15                |
|                                     |                          |                                                                                               |               |                                   |                                        |                      |
|                                     |                          | f two married people are filing together, b<br>out, number the entries, and attach it to th   |               |                                   |                                        |                      |
| 1. Do any creditors h               | ave claims secured by    | your property?                                                                                |               |                                   |                                        |                      |
| □ No. Check t                       | his box and submit th    | nis form to the court with your other sch                                                     | edules. You   | have nothing else t               | o report on this form.                 |                      |
| _                                   | all of the information I |                                                                                               |               | _                                 |                                        |                      |
|                                     | Secured Claims           |                                                                                               |               |                                   |                                        |                      |
|                                     |                          | nore than one secured claim, list the creditor                                                | congrately    | Column A                          | Column B                               | Column C             |
| for each claim. If mor              | re than one creditor has | a particular claim, list the other creditors in Focal order according to the creditor's name. |               | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion    |
| 2.1 PennyMac                        |                          | Describe the property that secures the c                                                      | :laim:        | value of collateral. \$48,617.20  | claim<br>\$146,800.00                  | If any <b>\$0.00</b> |
| Creditor's Name                     | _                        | 148 West Greenwich Street                                                                     |               | <u> </u>                          | <u> </u>                               |                      |
| PO Box 514                          | 197                      | Reading, PA 19601 Berks Cour                                                                  | ity           |                                   |                                        |                      |
| Los Angele                          | -                        | As of the date you file, the claim is: Chec apply.                                            | k all that    |                                   |                                        |                      |
| 90051-4387                          |                          | Contingent                                                                                    |               |                                   |                                        |                      |
| Number, Street, C                   | City, State & Zip Code   | ☐ Unliquidated                                                                                |               |                                   |                                        |                      |
|                                     |                          | ☐ Disputed                                                                                    |               |                                   |                                        |                      |
| Who owes the deb                    | t? Check one.            | Nature of lien. Check all that apply.                                                         |               |                                   |                                        |                      |
| Debtor 1 only                       |                          | ☐ An agreement you made (such as morto                                                        | gage or secur | red                               |                                        |                      |
| Debtor 2 only                       |                          | car loan)                                                                                     |               |                                   |                                        |                      |
| Debtor 1 and Deb                    | ,                        | ☐ Statutory lien (such as tax lien, mechan                                                    | ic's lien)    |                                   |                                        |                      |
| At least one of the                 | e debtors and another    | ☐ Judgment lien from a lawsuit                                                                |               |                                   |                                        |                      |
| ☐ Check if this clai community debt |                          | Other (including a right to offset)                                                           |               |                                   |                                        |                      |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$48,617.20

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$48,617.20

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

0370

Last 4 digits of account number

Date debt was incurred

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| United States Bankruptcy Court for the:EASTERN DISTRICT OF PENNSYLVANIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                     | Document                                 | Page 9 of 22                                 |                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------|------------------------------------------|----------------------------------------------|------------------------------------------------|
| Debtor 2   Secouse H. Sirright   First Name   Middle Name   Last Name     Last Name   Last Name     Last Name   Last Name     Last Name     Check if this is an amended filling     Check if this claim is for a community     Ch                                                                                                                                        | Fill in this inf              | ormation to identify your                           | case:                                    |                                              |                                                |
| Debtor 2   Secouse H. Sirright   First Name   Middle Name   Last Name     Last Name   Last Name     Last Name   Last Name     Last Name     Check if this is an amended filling     Check if this claim is for a community     Ch                                                                                                                                        | Debtor 1                      | Lidely D. Morel                                     |                                          |                                              |                                                |
| Spouse Light   First Name   Mode Name   Last Name                                                                                                                                             |                               |                                                     | Middle Name                              | Last Name                                    | -                                              |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA  Case number 24-12980   Check if this is an amended filing  Official Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other part yr we recurred vortracts or unexpired leases that could result in a claim. Also list security contracts or on Schedule AB: Properly (Official Form 106B). Do not include any creditors with partially secured claims Statuted by Properly. If more space is needed, copy the Part you need, fill it out, multiple discovery.  Eart 32: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  4. List All of Your NONPRIORITY Unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List All of Your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than the nonpriority unsecured claims fill out the Cordination Page of Part 2.  Actima  Nonpronity Creditor's Name  Sold headquarters Dr Plano, TX 75024  Number Street City State 2/p Code  Who incurred the debt? Check one.  Debter 1 and Debter 2 only Debter 1 and Debter 2 only Debter 1 and Debter 3 only Check If this claim is for a community debt  By One Debter 3 and Debter 3 only Check If this claim is for a community debt  Check If this claim is for a community debt  No Debter 1 and Debter 3 only Check If this claim is for a community debt  Check If this claim is for a community debt  Check If this claim is for                                                                                                                                         | Debtor 2                      | First Name                                          | Middle Noses                             | Loot Name                                    | _                                              |
| Case number   24-12980                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Spouse if, filing)           | FIRST Name                                          | Middle Name                              | Last Name                                    |                                                |
| Check if this is an amended filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | United States                 | Bankruptcy Court for the:                           | EASTERN DISTRICT OF PEN                  | INSYLVANIA                                   | -                                              |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  12/15 Bo as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to receive your contracts or unexpliced leases that could result in a claim. Also list executory contracts or schedule A/B: Property (Official Form 106A/B) and on schedule Official Form 106A/B) and on schedule Official Form 106A/B) and on schedule Official Form 106A/B). Do not include any creditors with partially secured claims that are listed in the first Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).  In this All of Your PRIORITY Unsecured Claims  I be any creditors have priority unsecured claims against you?  I No. Go to Part 2.  I Yes.  1 List All of Your NONPRIORITY Unsecured Claims  2 Any creditors have nonpriority unsecured claims against you?  I No. You have nothing to report in this part. Submit this form to the court with your other schedules.  I Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  A Cima  Last 4 digits of account number  See 3.500.00  Nonpriority Creditor's Name  5501 headquarters Dr  Plano, TX 75024  Number Street City State Zip Code  Who incurred the debt? Check one.  I Debtor 1 and Debtor 2 only  Debtor 1 only  Debtor 1 only  Debtor 1 only  Debtor 1 only  Debtor 2 only  Debtor 1 only  Debtor 3 on 1 debtor 2 only  Debtor 2 only  Debtor 3 on 1 debtor 2 only  Debtor 4 only and 1 debtor 2 only  Debtor 5 on 1 debtor 2 only  Debtor 6 on 1                                                                                                                                         | Case number                   | 24-12980                                            |                                          |                                              |                                                |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  22/15  23-as complete and accurate as possible. Use Part 1 for creditors with PRIDRITY claims and Part 2 for creditors with NONPRIDRITY claims. List the other protry of the processory contracts on schedule AB. Property (Official Form 106A9) and on schedule G: Executory Contracts and Unexpired Leases (Official Form 106A). Do not include any creditors with partially secured claims secured by Property in more space is needed, copy the Part you need, fill in unamber the entries in the boxes on the off. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).  20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (if known)                    |                                                     |                                          |                                              | ☐ Check if this is an                          |
| Both edule E/F: Creditors Who Have Unsecured Claims  as a complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party of executory contracts or unserpriced leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 1060). Do not include any creditors with partially secured claims that are listed in Schedule D: Executory Contracts and Unexpired Leases (Official Form 1060). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property, if more space is needed, copy the Part you need, fill if out, number the entries in the boses on the fir. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your amen and case number (if knows).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?    No. You have nothing to report in this part. Submit this form to the court with your other schedules.   Yes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                                     |                                          |                                              | amended filing                                 |
| Both edule E/F: Creditors Who Have Unsecured Claims  as a complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party of executory contracts or unserpriced leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 1060). Do not include any creditors with partially secured claims that are listed in Schedule D: Executory Contracts and Unexpired Leases (Official Form 1060). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property, if more space is needed, copy the Part you need, fill if out, number the entries in the boses on the fir. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your amen and case number (if knows).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?    No. You have nothing to report in this part. Submit this form to the court with your other schedules.   Yes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Official Fo                   | orm 106E/F                                          |                                          |                                              |                                                |
| as a complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party my executory contracts or unsprioride leases that could result in a claim. Also list elease to contracts on Schedule C. Executory Contracts and Unexpired Leases (Official Form 1966). Do not include any creditors with partially secured claims that are listed in Schedule C. Executory Contracts and Unexpired Leases (Official Form 1966). Do not include any creditors with partially secured claims that are listed in Schedule D. Creditors Who Have Claims Secured by Property, if more space is needed, copy the Part you need, flut, number the entries in the boxs on the eff. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).  Part 3: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2.  Yes.  Part 2: List All of Your NONPRIORITY Unsecured Claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims (ii) but the Continuation Page of Part 2.  **Total claim**  **Acima**  **Acima**  **Acima**  **Acima**  **Acima**  **Acima**  **Last 4 digits of account number*  **Solone and better 2 only  Debtor 1 only  Check if this claim is for a community debt  Better 1 this claim is for a community debt  Is the claim subject to offset?  **Debtor                                                                                                                                        |                               |                                                     | ho Have Unsecured                        | Claims                                       | 12/15                                          |
| Intervention y contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases (official Form 106A,D) and or Schedule 6: Executory Contracts or Unexpired Leases (Official Form 106A,D) to not include any creditors with partially secured claims that are listed in Schedule 0: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the fit. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your part 1:  List All in of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2:  Yes.  A List all of Your nonpriority unsecured claims against you?  No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  List All of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  Acima  Last 4 digits of account number  South Leadquarters Dr Plano, TX 75024  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Disputed Type of NoNPRIORITY unsecured claim: Student loans Debtor 4 onfeet of the debtors and another Check if this claim is for a community debt Lead to of the debtors and another Check if this claim is for a community debt Lead to office the claim is part and provided the claim is claims are part as priority c                                                                                                                                        |                               |                                                     |                                          |                                              |                                                |
| No. Go to Part 2:    Yes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | eft. Attach the name and case | Continuation Page to this pag<br>number (if known). | ge. If you have no information to re     |                                              |                                                |
| Part 2: List All of Your NONPRIORITY Unsecured Claims   No. You have nothing to report in this part. Submit this form to the court with your other schedules.   Yes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1. Do any cre                 | ditors have priority unsecure                       | d claims against you?                    |                                              |                                                |
| List All of Your NONPRIORITY Unsecured Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ■ No. Go                      | to Part 2.                                          |                                          |                                              |                                                |
| 3. Do any creditors have nonpriority unsecured claims against you?    No. You have nothing to report in this part. Submit this form to the court with your other schedules.   Yes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ☐ Yes.                        |                                                     |                                          |                                              |                                                |
| 3. Do any creditors have nonpriority unsecured claims against you?    No. You have nothing to report in this part. Submit this form to the court with your other schedules.   Yes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                                                     |                                          |                                              |                                                |
| No. You have nothing to report in this part. Submit this form to the court with your other schedules.  Yes.  4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  Total claim  Acima  Last 4 digits of account number  Nonpriority Creditor's Name 5501 headquarters Dr Plano, TX 75024  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt Is the claim subject to offset?  No  Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                     |                                          |                                              |                                                |
| 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.    Acima                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3. Do any cre                 | ditors have nonpriority unse                        | cured claims against you?                |                                              |                                                |
| 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.    Total claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ☐ No. You                     | have nothing to report in this p                    | part. Submit this form to the court with | your other schedules.                        |                                                |
| unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.  4.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes.                          |                                                     |                                          |                                              |                                                |
| Acima   Nonpriority Creditor's Name   S501 headquarters Dr   Plano, TX 75024   As of the date you file, the claim is: Check all that apply   Contingent   Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Disputed   At least one of the debtors and another   Check if this claim is for a community debt   Is the claim subject to offset?   No   Debtor to pension or profit-sharing plans, and other similar debts   S2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,500.00   \$2,5 | unsecured<br>than one cr      | claim, list the creditor separatel                  | y for each claim. For each claim listed  | d, identify what type of claim it is. Do not | ist claims already included in Part 1. If more |
| Nonpriority Creditor's Name  5501 headquarters Dr Plano, TX 75024  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  No  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                     |                                          |                                              | Total claim                                    |
| S501 headquarters Dr Plano, TX 75024  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4.1 Acim                      | na                                                  | Last 4 digits of acc                     | ount number                                  | \$2,500.00                                     |
| Plano, TX 75024  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated  Unliquidated  Type of NONPRIORITY unsecured claim: Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •                             | •                                                   | When was the debt                        | tingurrad?                                   |                                                |
| Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                                     | Wileli was the debi                      |                                              |                                                |
| ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Debtor 1 only □ Unliquidated □ Disputed □ Disputed □ Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | ,                                                   | As of the date you                       | file, the claim is: Check all that apply     |                                                |
| □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Who i                         | ncurred the debt? Check one.                        |                                          |                                              |                                                |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ■ De                          | btor 1 only                                         | ☐ Contingent                             |                                              |                                                |
| □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ De                          | btor 2 only                                         |                                          |                                              |                                                |
| ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | □ De                          | btor 1 and Debtor 2 only                            | ☐ Disputed                               |                                              |                                                |
| debt    Obligations arising out of a separation agreement or divorce that you did not report as priority claims   No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ☐ At                          | least one of the debtors and an                     | ouici .                                  | RITY unsecured claim:                        |                                                |
| Is the claim subject to offset?  ■ No  □ Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | eck if this claim is for a com                      |                                          |                                              |                                                |
| ■ No □ Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | claim subject to offset?                            |                                          |                                              | rce that you did not                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               | •                                                   |                                          |                                              | debts                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                                     | ·                                        |                                              |                                                |

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| Debto | Lidely D. Morel                                                      | Case number (if known) 24-12980                                                                           |            |
|-------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|
| 4.2   | Boscovs/Comenity                                                     | Last 4 digits of account number                                                                           | \$5,000.00 |
|       | Nonpriority Creditor's Name PO Box 659622                            | When was the debt incurred?                                                                               | Ψ-,        |
|       | San Antonio, TX 78265                                                |                                                                                                           |            |
|       | Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply                                               |            |
|       | Who incurred the debt? Check one.                                    |                                                                                                           |            |
|       | Debtor 1 only                                                        | ☐ Contingent                                                                                              |            |
|       | Debtor 2 only                                                        | ☐ Unliquidated                                                                                            |            |
|       | ☐ Debtor 1 and Debtor 2 only                                         | ☐ Disputed                                                                                                |            |
|       | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:                                                                      |            |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans                                                                                           |            |
|       | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|       | ■ No                                                                 | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|       | ☐ Yes                                                                | ■ Other Specify Credit card purchases                                                                     |            |
|       | ☐ Tes                                                                | Other. Specify Credit Card purchases                                                                      |            |
| 4.3   | Capital One                                                          | Last 4 digits of account number                                                                           | \$1,500.00 |
|       | Nonpriority Creditor's Name PO Box 71083                             | When was the debt incurred?                                                                               |            |
|       | Charlotte, NC 28272-1083                                             |                                                                                                           |            |
|       | Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply                                               |            |
|       | Who incurred the debt? Check one.                                    |                                                                                                           |            |
|       | Debtor 1 only                                                        | ☐ Contingent                                                                                              |            |
|       | ☐ Debtor 2 only                                                      | ☐ Unliquidated                                                                                            |            |
|       | ☐ Debtor 1 and Debtor 2 only                                         | ☐ Disputed                                                                                                |            |
|       | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:                                                                      |            |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans                                                                                           |            |
|       | debt                                                                 | $\square$ Obligations arising out of a separation agreement or divorce that you did not                   |            |
|       | Is the claim subject to offset?                                      | report as priority claims                                                                                 |            |
|       | No                                                                   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|       | ☐ Yes                                                                | ■ Other. Specify Credit card purchases                                                                    |            |
|       |                                                                      |                                                                                                           |            |
| 4.4   | Cavalry SPV I, LLC/Citi Bank/Home Depot                              | Last 4 digits of account number                                                                           | \$5,060.41 |
|       | Nonpriority Creditor's Name                                          |                                                                                                           | *-,        |
|       | 1 American Lane, Suite 220                                           | When was the debt incurred?                                                                               |            |
|       | Greenwich, CT 06831                                                  | As of the data was file the alaim in Observal all that south                                              |            |
|       | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                                               |            |
|       | _                                                                    | Пол                                                                                                       |            |
|       | Debtor 1 only                                                        | Contingent                                                                                                |            |
|       | ☐ Debtor 2 only                                                      | Unliquidated                                                                                              |            |
|       | Debtor 1 and Debtor 2 only                                           | Disputed                                                                                                  |            |
|       | At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:                                                                      |            |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans                                                                                           |            |
|       | debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |
|       | No                                                                   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|       |                                                                      |                                                                                                           |            |
|       | Yes                                                                  | ■ Other, Specify Credit card purchases                                                                    |            |

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Debtor 1 Lidely D. Morel Case number (if known) 24-12980 4.5 \$3,000.00 **Childens Place** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit card purchases ☐ Yes 4.6 Discover Last 4 digits of account number \$2,231.42 9705 Nonpriority Creditor's Name PO Box 6103 When was the debt incurred? Carol Stream, IL 60197-6103 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not debt Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit card purchases ☐ Yes 4.7 **GAP** \$1,460.70 Last 4 digits of account number 9487 Nonpriority Creditor's Name **Barclavs Bank** When was the debt incurred? Dept 922 PO Box 4115 Concord, CA 94524 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes

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1 Lidely D. Morel Case number (if known) 24-12980

| Debt     | CI Lidely D. Morel                                                                           | Case number (if known)                                                                                    |            |
|----------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|
| 4.8      | Klarna Inc                                                                                   | Last 4 digits of account number                                                                           | \$1,500.00 |
|          | Nonpriority Creditor's Name<br>629 N. High Steet Suite 300<br>Columbus, OH 43215             | When was the debt incurred?                                                                               |            |
|          | Number Street City State Zip Code  Who incurred the debt? Check one.                         | As of the date you file, the claim is: Check all that apply                                               |            |
|          | Debtor 1 only                                                                                | ☐ Contingent                                                                                              |            |
|          | Debtor 2 only                                                                                | ☐ Unliquidated                                                                                            |            |
|          | ☐ Debtor 1 and Debtor 2 only                                                                 | □ Disputed                                                                                                |            |
|          | ☐ At least one of the debtors and another                                                    | Type of NONPRIORITY unsecured claim:                                                                      |            |
|          | ☐ Check if this claim is for a community                                                     | ☐ Student loans                                                                                           |            |
|          | debt Is the claim subject to offset?                                                         | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |
|          | ■ No                                                                                         | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | Yes                                                                                          | ■ Other. Specify Credit card purchases                                                                    |            |
| 4.9      | Lowes/Synchrony Bank                                                                         | Last 4 digits of account number                                                                           | \$1,102.59 |
|          | Nonpriority Creditor's Name PO Box 965005 Orlando, FL 32896                                  | When was the debt incurred?                                                                               |            |
|          | Number Street City State Zip Code                                                            | As of the date you file, the claim is: Check all that apply                                               |            |
|          | Who incurred the debt? Check one.                                                            |                                                                                                           |            |
|          | ■ Debtor 1 only                                                                              | ☐ Contingent                                                                                              |            |
|          | ☐ Debtor 2 only                                                                              | ☐ Unliquidated                                                                                            |            |
|          | ☐ Debtor 1 and Debtor 2 only                                                                 | ☐ Disputed                                                                                                |            |
|          | ☐ At least one of the debtors and another                                                    | Type of NONPRIORITY unsecured claim:                                                                      |            |
|          | ☐ Check if this claim is for a community                                                     | ☐ Student loans                                                                                           |            |
|          | debt Is the claim subject to offset?                                                         | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No                                                                                         | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
|          | Yes                                                                                          | ■ Other. Specify Credit card purchases                                                                    |            |
| 4.1<br>0 | Old Navy                                                                                     | Last 4 digits of account number                                                                           | \$1,000.00 |
|          | Nonpriority Creditor's Name PO Box 13337                                                     | When was the debt incurred?                                                                               |            |
|          | Philadelphia, PA 19101  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                                               |            |
|          | ■ Debtor 1 only                                                                              |                                                                                                           |            |
|          |                                                                                              | ☐ Contingent                                                                                              |            |
|          | Debtor 2 only                                                                                | ☐ Unliquidated                                                                                            |            |
|          | Debtor 1 and Debtor 2 only                                                                   | ☐ Disputed  Type of NONPRIORITY unsecured claim:                                                          |            |
|          | At least one of the debtors and another                                                      | Student loans                                                                                             |            |
|          | ☐ Check if this claim is for a community debt  Is the claim subject to offset?               | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No                                                                                         | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|          | □ Yes                                                                                        | Other Specify Credit card purchases                                                                       |            |
|          | <b>—</b> 103                                                                                 | = Oner Specify Strain Said Partitions                                                                     |            |

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Debtor 1 Lidely D. Morel Case number (if known) 24-12980 4.1 **Parking Authority** 3617 \$80.50 Last 4 digits of account number Nonpriority Creditor's Name PO Box 80239 When was the debt incurred? Indianapolis, IN 46280-0239 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 **PSECU** \$10,000.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 67013 When was the debt incurred? Harrisburg, PA 17106-7013 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes 4.1 **Target** \$4.467.53 Last 4 digits of account number Nonpriority Creditor's Name PO Box 673 When was the debt incurred? Minneapolis, MN 55440 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: lacksquare At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit card purchases ☐ Yes

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Debtor 1 Lidely D. Morel Case number (if known) 24-12980 4.1 **TD BANK USA** \$4,438.30 Last 4 digits of account number 4 Nonpriority Creditor's Name When was the debt incurred? Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Tower Health** 5706 \$1.863.49 Last 4 digits of account number Nonpriority Creditor's Name PO Box 70894 When was the debt incurred? Philadelphia, PA 19176 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Bill ☐ Yes 4.1 **Visions** \$4,000.00 Last 4 digits of account number 6 Nonpriority Creditor's Name When was the debt incurred? Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify personal loan

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| - | 1 Lidely D. Morel                                                    | Case number (if known) 24-12980                                                                           |        |
|---|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------|
|   | Visions                                                              | Last 4 digits of account number                                                                           | \$8,00 |
|   | Nonpriority Creditor's Name                                          | When was the debt incurred?                                                                               |        |
|   | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                                               |        |
|   | Debtor 1 only                                                        | ☐ Contingent                                                                                              |        |
|   | Debtor 2 only                                                        | ☐ Unliquidated                                                                                            |        |
|   | Debtor 1 and Debtor 2 only                                           | ☐ Disputed                                                                                                |        |
|   | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:                                                                      |        |
|   | Check if this claim is for a community                               | ☐ Student loans                                                                                           |        |
|   | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |        |
|   | ■ No                                                                 | Debts to pension or profit-sharing plans, and other similar debts                                         |        |
|   | Yes                                                                  | Other. Specify Credit card purchases                                                                      |        |
|   | Wells Fargo                                                          | Last 4 digits of account number                                                                           | \$8,63 |
|   | Nonpriority Creditor's Name                                          |                                                                                                           | , ,,,, |
|   | PO Box 77053                                                         | When was the debt incurred?                                                                               |        |
|   | Minneapolis, MN 55480-7753  Number Street City State Zip Code        | As of the date you file, the claim is: Check all that apply                                               |        |
|   | Who incurred the debt? Check one.                                    | As of the date you me, the damnis. Oncok air that apply                                                   |        |
|   | ■ Debtor 1 only                                                      | ☐ Contingent                                                                                              |        |
|   | ☐ Debtor 2 only                                                      | ☐ Unliquidated                                                                                            |        |
|   | Debtor 1 and Debtor 2 only                                           | □ Disputed                                                                                                |        |
|   | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:                                                                      |        |
|   | ☐ Check if this claim is for a community                             | ☐ Student loans                                                                                           |        |
|   | debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |        |
|   | ■ No                                                                 | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                            |        |
|   | Yes                                                                  | ■ Other. Specify Credit card purchases                                                                    |        |
|   | zzounds                                                              | Look A divite of account number                                                                           | \$1,41 |
|   | Nonpriority Creditor's Name                                          | Last 4 digits of account number  When was the debt incurred?                                              | Ψι,τι  |
|   | North as Otros at Oite Otat 7' O                                     |                                                                                                           |        |
|   | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                                               |        |
|   | Debtor 1 only                                                        | Contingent                                                                                                |        |
|   | Debtor 2 only                                                        | ☐ Contingent ☐ Unliquidated                                                                               |        |
|   | Debtor 1 and Debtor 2 only                                           | ☐ Disputed                                                                                                |        |
|   | At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:                                                                      |        |
|   | ☐ Check if this claim is for a community                             | Student loans                                                                                             |        |
|   | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |        |
|   | ■ No                                                                 | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |        |
|   | ☐ Yes                                                                | ■ Other. Specify                                                                                          |        |

Part 4: Add the Amounts for Each Type of Unsecured Claim

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Lidely D. Morel Case number (if known) 24-12980

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |                                                                                                         |     | Total Claim     |
|-----------------------|-----|---------------------------------------------------------------------------------------------------------|-----|-----------------|
| Total                 | 6a. | Domestic support obligations                                                                            | 6a. | \$<br>0.00      |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government                                                    | 6b. | \$<br>0.00      |
|                       | 6c. | Claims for death or personal injury while you were intoxicated                                          | 6c. | \$<br>0.00      |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|                       | 6e. | Total Priority. Add lines 6a through 6d.                                                                | 6e. | \$<br>0.00      |
|                       | 6f. | Student loans                                                                                           | 6f. | Total Claim     |
| Total                 | OI. | Student loans                                                                                           | OI. | \$<br>0.00      |
| claims<br>from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>67,253.71 |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.                                                             | 6j. | \$<br>67,253.71 |

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| Fill in this infor  | rmation to identify your | case:              |                |                                      |
|---------------------|--------------------------|--------------------|----------------|--------------------------------------|
| Debtor 1            | Lidely D. Morel          |                    |                |                                      |
|                     | First Name               | Middle Name        | Last Name      |                                      |
| Debtor 2            |                          |                    |                |                                      |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name      |                                      |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT O | F PENNSYLVANIA |                                      |
| Case number         | 24-12980                 |                    |                |                                      |
| (if known)          |                          |                    |                | ☐ Check if this is an amended filing |

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı   | Person or | company with | whom you have th<br>, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---------------------------------------------------|---------------------|-----------------------------------------|
| 2.1 |           |              |                                                   |                     |                                         |
|     | Name      |              |                                                   |                     |                                         |
|     | Number    | Street       |                                                   |                     | _                                       |
|     | City      |              | State                                             | ZIP Code            | _                                       |
| 2.2 |           |              |                                                   |                     |                                         |
|     | Name      |              |                                                   |                     |                                         |
|     | Number    | Street       |                                                   |                     | _                                       |
|     | City      |              | State                                             | ZIP Code            | <u> </u>                                |
| 2.3 | Oity      |              | Oldio                                             | 211 0000            |                                         |
|     | Name      |              |                                                   |                     |                                         |
|     | Number    | Street       |                                                   |                     |                                         |
|     | City      |              | State                                             | ZIP Code            | _                                       |
| 2.4 | ,         |              |                                                   |                     |                                         |
|     | Name      |              |                                                   |                     | <u> </u>                                |
|     | Number    | Street       |                                                   |                     | <u> </u>                                |
|     | City      |              | State                                             | ZIP Code            | <u> </u>                                |
| 2.5 | - City    |              | Oldio                                             | 211 0000            |                                         |
|     | Name      |              |                                                   |                     | _                                       |
|     | Number    | Street       |                                                   |                     | _                                       |
|     | City      |              | State                                             | ZIP Code            |                                         |

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|                                                                |                                                                                                                                                                                                                                   | Documen                                                                                                                               | it i ago ±0 oi z                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          |                         |                            |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------|----------------------------|
| Fill in this                                                   | information to identify your o                                                                                                                                                                                                    | ase:                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                         |                            |
| Debtor 1                                                       | Lidely D. Morel                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                         |                            |
|                                                                | First Name                                                                                                                                                                                                                        | Middle Name                                                                                                                           | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                         |                            |
| Debtor 2<br>(Spouse if, filin                                  | g) First Name                                                                                                                                                                                                                     | Middle Name                                                                                                                           | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                         |                            |
| United Stat                                                    | es Bankruptcy Court for the:                                                                                                                                                                                                      | EASTERN DISTRICT OF                                                                                                                   | PENNSYLVANIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |                         |                            |
| Case numb                                                      | per <b>24-12980</b>                                                                                                                                                                                                               |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                         |                            |
| (if known)                                                     |                                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          | _                       | if this is an<br>ed filing |
| Official                                                       | Form 106H                                                                                                                                                                                                                         |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                         |                            |
| Sched                                                          | ule H: Your Code                                                                                                                                                                                                                  | ebtors                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                         | 12/15                      |
| ill it out, ar rour name  1. Do y  No Yes  2. With Arizona No. | filing together, both are equal number the entries in the land case number (if known).  You have any codebtors? (If y win the last 8 years, have you a, California, Idaho, Louisiana, Go to line 3.  Did your spouse, former spou | coxes on the left. Attach<br>Answer every question.  ou are filing a joint case, d  lived in a community pro  Nevada, New Mexico, Pue | the Additional Page to the one of the Additional Page to the one of the one of the Additional Page to the Additional Page to the One of the Additional Page to the Additional Page to the One of the | his page. On the top a codebtor.  (Community propert     | o of any Additiona      | al Pages, write            |
| in line<br>Form 1                                              | umn 1, list all of your codebto<br>2 again as a codebtor only if<br>106D), Schedule E/F (Official<br>Ilumn 2.                                                                                                                     | that person is a guarant                                                                                                              | or or cosigner. Make sui                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | e you have listed th                                     | ne creditor on Sch      | edule D (Official          |
|                                                                | Column 1: Your codebtor<br>lame, Number, Street, City, State and ZIF                                                                                                                                                              | <sup>o</sup> Code                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Column 2: The cre<br>Check all schedule                  | editor to whom you      | u owe the debt             |
| 1                                                              | Manuel Ramon Morel<br>48 W. Greenwich Street<br>Reading, PA 19601                                                                                                                                                                 |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ■ Schedule D, li □ Schedule E/F, □ Schedule G _ PennyMac | ne <b>2.1</b><br>, line |                            |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

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| Fill               | in this information to i                                   | dentify your ca                               | ise:                                                                                     |                                |                 |       |            |              |             |                                    |          |
|--------------------|------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------|-----------------|-------|------------|--------------|-------------|------------------------------------|----------|
| Del                | btor 1 <u>L</u>                                            | idely D. Mo                                   | rel                                                                                      |                                |                 | _     |            |              |             |                                    |          |
| 1                  | btor 2                                                     |                                               |                                                                                          |                                |                 | _     |            |              |             |                                    |          |
| Uni                | ited States Bankruptcy                                     | Court for the                                 | EASTERN DISTRICT                                                                         | OF PENNSYLVA                   | NIA             | _     |            |              |             |                                    |          |
| Cas                | se number 24-12                                            | 2980                                          |                                                                                          |                                |                 |       | Chec       | k if this is | :           |                                    |          |
| (If kr             | nown)                                                      |                                               |                                                                                          |                                |                 |       | □ A        | n amende     | ed filing   |                                    |          |
|                    |                                                            |                                               |                                                                                          |                                |                 |       |            |              |             | ng postpetition<br>following date: |          |
| 0                  | fficial Form 1                                             | <u>061</u>                                    |                                                                                          |                                |                 |       | M          | M / DD/ Y    | /YYY        |                                    |          |
| S                  | chedule I: Y                                               | our Inco                                      | ome                                                                                      |                                |                 |       |            |              |             |                                    | 12/15    |
| spo<br>atta<br>Par | use. If you are separtich a separate sheet to              | ated and you<br>to this form. (<br>Employment | are married and not filing wi<br>r spouse is not filing wi<br>On the top of any addition | th you, do not in              | clude infori    | matic | n about    | your sp      | ouse. If m  | ore space is                       | needed,  |
| 1.                 | Fill in your employ information.                           | ment                                          |                                                                                          | Debtor 1                       |                 |       |            | Debtor 2     | 2 or non-f  | filing spouse                      |          |
|                    | If you have more that                                      |                                               | Employment status                                                                        | ■ Employed                     |                 |       |            | ☐ Empl       | oyed        |                                    |          |
|                    | attach a separate pa<br>information about ac<br>employers. |                                               | Employment status                                                                        | ☐ Not employe                  | d               |       |            | ☐ Not e      | mployed     |                                    |          |
|                    |                                                            |                                               | Occupation                                                                               | PCA                            |                 |       |            |              |             |                                    |          |
|                    | Include part-time, se<br>self-employed work.               |                                               | Employer's name                                                                          | Berkshire Co                   | mmons           |       |            |              |             |                                    |          |
|                    | Occupation may income or homemaker, if it a                |                                               | Employer's address                                                                       | 101 E. State S<br>Kennett Squa |                 | 348   |            |              |             |                                    |          |
|                    |                                                            |                                               | How long employed the                                                                    | here? 6 mo                     | onths           |       |            | _            |             |                                    |          |
| Par                | rt 2: Give Detai                                           | ls About Mon                                  | thly Income                                                                              |                                |                 |       |            |              |             |                                    |          |
|                    | imate monthly incom<br>use unless you are se               |                                               | ate you file this form. If y                                                             | you have nothing t             | o report for    | any I | ine, write | \$0 in the   | space. In   | nclude your no                     | n-filing |
|                    | ou or your non-filing sp<br>e space, attach a sepa         |                                               | re than one employer, co<br>this form.                                                   | ombine the informa             | ation for all e | emplo | yers for   | that perso   | on on the I | lines below. If                    | you need |
|                    |                                                            |                                               |                                                                                          |                                |                 |       | For Deb    | otor 1       |             | ebtor 2 or<br>ling spouse          |          |
| 2.                 |                                                            |                                               | ry, and commissions (becalculate what the month)                                         |                                | 2.              | \$    | 2,         | 136.79       | \$          | N/A                                |          |
| 3.                 | Estimate and list m                                        | nonthly overti                                | me pay.                                                                                  |                                | 3.              | +\$   |            | 0.00         | +\$         | N/A                                |          |
| 4.                 | Calculate gross Inc                                        | come. Add lin                                 | e 2 + line 3.                                                                            |                                | 4.              | \$    | 2,13       | 86.79        | \$          | N/A                                |          |

Official Form 106I Schedule I: Your Income page 1

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| Debt | tor 1       | Lidely D. Morel                                                                           |        | С      | ase number (if kn | own)    | 24-12   | 2980           |          |                                                |
|------|-------------|-------------------------------------------------------------------------------------------|--------|--------|-------------------|---------|---------|----------------|----------|------------------------------------------------|
|      |             |                                                                                           |        |        |                   |         |         |                |          |                                                |
|      |             |                                                                                           |        |        | For Debtor 1      |         | For     | Debtor         | 2 0"     |                                                |
|      |             |                                                                                           |        |        | For Debtor 1      |         |         | filing s       |          |                                                |
|      | Con         | y line 4 here                                                                             | 4.     |        | \$ 2,136          | 79      | \$      | 9              | N/A      | _                                              |
|      |             | ,                                                                                         |        |        | 2,100             |         | Ť—      |                | 147      | <u>-</u>                                       |
| 5.   | List        | all payroll deductions:                                                                   |        |        |                   |         |         |                |          |                                                |
|      | 5a.         | Tax, Medicare, and Social Security deductions                                             | 5a.    |        | \$ 403            | .82     | \$      |                | N/A      |                                                |
|      | 5b.         | Mandatory contributions for retirement plans                                              | 5b.    |        |                   | .00     | \$      |                | N/A      | _                                              |
|      | 5c.         | Voluntary contributions for retirement plans                                              | 5c.    |        |                   | .73     | \$      |                | N/A      | _                                              |
|      | 5d.         | Required repayments of retirement fund loans                                              | 5d.    |        |                   | .00     | \$      |                | N/A      | <u> </u>                                       |
|      | 5e.         | Insurance                                                                                 | 5e.    |        | \$ 0              | .00     | \$      |                | N/A      | _                                              |
|      | 5f.         | Domestic support obligations                                                              | 5f.    |        | \$ 0              | .00     | \$      |                | N/A      | <u></u>                                        |
|      | 5g.         | Union dues                                                                                | 5g.    |        | \$ 0              | .00     | \$      |                | N/A      | <u></u>                                        |
|      | 5h.         | Other deductions. Specify:                                                                | 5h.    | .+     | \$ 0              | .00     | + \$    |                | N/A      | <u> </u>                                       |
| 6.   | Add         | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                | 6.     | ;      | \$ 432            | .55     | \$      |                | N/A      | <u> </u>                                       |
| 7.   | Cald        | culate total monthly take-home pay. Subtract line 6 from line 4.                          | 7.     | ;      | \$1,704           | .24     | \$      |                | N/A      | <u>\</u>                                       |
| 8.   | List        | all other income regularly received:                                                      |        |        |                   |         |         |                |          |                                                |
|      | 8a.         | Net income from rental property and from operating a business,                            |        |        |                   |         |         |                |          |                                                |
|      |             | profession, or farm Attach a statement for each property and business showing gross       |        |        |                   |         |         |                |          |                                                |
|      |             | receipts, ordinary and necessary business expenses, and the total                         |        |        |                   |         |         |                |          |                                                |
|      |             | monthly net income.                                                                       | 8a.    |        | \$ 0              | .00     | \$      |                | N/A      | 1                                              |
|      | 8b.         | Interest and dividends                                                                    | 8b.    |        | \$ 0              | .00     | \$      |                | N/A      | <u>.                                      </u> |
|      | 8c.         | Family support payments that you, a non-filing spouse, or a dependent                     |        |        |                   |         |         |                |          |                                                |
|      |             | regularly receive Include alimony, spousal support, child support, maintenance, divorce   |        |        |                   |         |         |                |          |                                                |
|      |             | settlement, and property settlement.                                                      | 8c.    |        | \$ 0              | .00     | \$      |                | N/A      |                                                |
|      | 8d.         | Unemployment compensation                                                                 | 8d.    |        | ·                 | .00     | \$      |                | N/A      |                                                |
|      | 8e.         | Social Security                                                                           | 8e.    |        | ·                 | .00     | \$      |                | N/A      | _                                              |
|      | 8f.         | Other government assistance that you regularly receive                                    |        |        | -                 |         |         |                |          | _                                              |
|      |             | Include cash assistance and the value (if known) of any non-cash assistance               | !      |        |                   |         |         |                |          |                                                |
|      |             | that you receive, such as food stamps (benefits under the Supplemental                    |        |        |                   |         |         |                |          |                                                |
|      |             | Nutrition Assistance Program) or housing subsidies.  Specify: Food Stamps                 | 8f.    |        | \$ 333            | 00      | \$      |                | N/A      |                                                |
|      | 8g.         | Pension or retirement income                                                              | 8g.    |        | :                 | .00     | \$      |                | N/A      | _                                              |
|      | 8h.         | Other monthly income. Specify:                                                            | 8h.    |        | ·                 | .00     | · -     |                | N/A      |                                                |
|      |             |                                                                                           | _      |        |                   |         |         |                |          | <u>-</u>                                       |
| 9.   | Add         | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                      | 9.     | \$     | 333               | .00     | \$      |                | N/       | Α                                              |
|      |             |                                                                                           | _      |        |                   |         |         |                |          |                                                |
| 10.  | Cald        | culate monthly income. Add line 7 + line 9.                                               | 10.    | \$     | 2,037.24          | + \$    |         | N/A            | = \$     | 2,037.24                                       |
|      | Add         | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                    |        |        | ŕ                 |         |         |                |          |                                                |
| 11.  | Stat        | e all other regular contributions to the expenses that you list in Schedule               | J.     |        |                   |         |         |                |          |                                                |
|      |             | ude contributions from an unmarried partner, members of your household, your              |        | ende   | ents, your room   | mates   | s, and  |                |          |                                                |
|      |             | r friends or relatives.                                                                   |        |        |                   |         | 0       |                |          |                                                |
|      | Spe         | not include any amounts already included in lines 2-10 or amounts that are not a<br>cify: | avalla | abie   | to pay expense    | es iist | ea in S | cneauie<br>11. |          | 0.00                                           |
|      |             |                                                                                           |        |        |                   |         |         | 1              |          |                                                |
| 12.  |             | the amount in the last column of line 10 to the amount in line 11. The res                |        |        |                   |         |         |                |          |                                                |
|      |             | e that amount on the Summary of Schedules and Statistical Summary of Certai               | n Lial | biliti | es and Related    | Data    | , if it | 12.            | \$       | 2,037.24                                       |
|      | appl        | 105                                                                                       |        |        |                   |         |         |                | <u> </u> |                                                |
|      |             |                                                                                           |        |        |                   |         |         |                | Combi    |                                                |
| 13   | Dov         | you expect an increase or decrease within the year after you file this form               | ?      |        |                   |         |         |                | month    | ly income                                      |
|      | <b>5</b> 0, | No.                                                                                       | •      |        |                   |         |         |                |          |                                                |
|      | _           | Ves Evolain:                                                                              |        |        |                   |         |         |                |          |                                                |

Official Form 106l Schedule I: Your Income page 2

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| EIII       | in this informa            | tion to identify yo                    | ur casa:                |                                                 |                                                 | Ī                       |       |                                       |                                                       |
|------------|----------------------------|----------------------------------------|-------------------------|-------------------------------------------------|-------------------------------------------------|-------------------------|-------|---------------------------------------|-------------------------------------------------------|
|            | otor 1                     | Lidely D. Moi                          |                         |                                                 |                                                 | Ch                      | neck  | if this is:                           |                                                       |
| Deb        | otor 2                     |                                        |                         |                                                 |                                                 |                         |       | n amended filing                      | ving postpetition chapter                             |
|            | ouse, if filing)           |                                        |                         |                                                 |                                                 | "                       |       |                                       | the following date:                                   |
| Unit       | ed States Bankr            | uptcy Court for the:                   | EASTE                   | RN DISTRICT OF PEN                              | NSYLVANIA                                       |                         | М     | M / DD / YYYY                         |                                                       |
|            |                            | 1-12980                                |                         |                                                 |                                                 |                         |       |                                       |                                                       |
| (lf kı     | nown)                      |                                        |                         |                                                 |                                                 |                         |       |                                       |                                                       |
| Of         | fficial Fo                 | rm 106J                                |                         |                                                 |                                                 |                         |       |                                       |                                                       |
| So         | chedule                    | J: Your I                              | Exper                   | ises                                            |                                                 |                         |       |                                       | 12 <i>/</i> -                                         |
| Be<br>info | as complete a              | and accurate as                        | possible.<br>eded, atta | If two married people<br>ch another sheet to th | are filing together, b<br>is form. On the top o | oth are ed<br>f any add | quall | y responsible fo<br>al pages, write y | or supplying correct<br>your name and case            |
| Par        | <u> </u>                   | ibe Your House                         |                         |                                                 |                                                 |                         |       |                                       |                                                       |
| 1.         | ls this a joir             |                                        |                         |                                                 |                                                 |                         |       |                                       |                                                       |
|            | No. Go to                  |                                        |                         |                                                 |                                                 |                         |       |                                       |                                                       |
|            | ⊔ Yes. <b>Doe</b>          | s Debtor 2 live i                      | n a separa              | ate household?                                  |                                                 |                         |       |                                       |                                                       |
|            |                            |                                        | t file Offici           | al Form 106J-2, <i>Expens</i>                   | ses for Separate House                          | ehold of D              | ebtoi | r 2.                                  |                                                       |
| 2.         | Do you have                | e dependents?                          | □No                     |                                                 |                                                 |                         |       |                                       |                                                       |
|            | Do not list D<br>Debtor 2. | •                                      | ■ Yes.                  | Fill out this information fo each dependent     |                                                 |                         |       | Dependent's age                       | Does dependent live with you?                         |
|            | Do not state dependents    |                                        |                         |                                                 | Daughter                                        |                         |       | 10                                    | □ No<br>■ Yes                                         |
|            | асрепасть                  | names.                                 |                         |                                                 | Daugittoi                                       |                         |       |                                       | ■ res □ No                                            |
|            |                            |                                        |                         |                                                 | Daughter                                        |                         |       | 15                                    | ■ Yes                                                 |
|            |                            |                                        |                         |                                                 |                                                 |                         |       |                                       | □ No<br>□ Yes                                         |
|            |                            |                                        |                         |                                                 |                                                 |                         |       |                                       | □ No                                                  |
| 3.         | Do your exp                | enses include                          | _                       | No                                              |                                                 |                         |       |                                       | ☐ Yes                                                 |
|            | expenses o                 | f people other th<br>d your depender   | nan 🗖                   | Yes                                             |                                                 |                         |       |                                       |                                                       |
| Par        |                            | ate Your Ongoir                        |                         | v Expenses                                      |                                                 |                         |       |                                       |                                                       |
| Est<br>exp | imate your ex              | cpenses as of yo                       | our bankru              | uptcy filing date unles                         |                                                 |                         |       |                                       | apter 13 case to report<br>f the form and fill in the |
|            |                            |                                        |                         | government assistance                           |                                                 |                         |       |                                       |                                                       |
|            | ficial Form 10             |                                        | ı nave inc              | luded it on <i>Schedule</i>                     | i: Your income                                  |                         |       | Your expe                             | enses                                                 |
| 4.         |                            | or home owners<br>and any rent for the |                         | ses for your residence<br>r lot.                | e. Include first mortgag                        | e 4.                    | \$    |                                       | 800.00                                                |
|            | If not includ              | led in line 4:                         |                         |                                                 |                                                 |                         |       |                                       |                                                       |
|            | 4a. Real e                 | estate taxes                           |                         |                                                 |                                                 | 4a.                     | \$    |                                       | 0.00                                                  |
|            |                            | rty, homeowner's                       |                         |                                                 |                                                 | 4b.                     |       |                                       | 0.00                                                  |
|            |                            | maintenance, re<br>owner's associati   | •                       |                                                 |                                                 | 4c.<br>4d.              |       |                                       | 0.00<br>0.00                                          |
| 5.         |                            |                                        |                         | our residence, such as                          | home equity loans                               |                         | \$    |                                       | 0.00                                                  |

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| Debtor 1        | Lidely D. Morel                                                                                         | Case number (if known)            | 24-12980                       |
|-----------------|---------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------|
| S. <b>Utili</b> | ities:                                                                                                  |                                   |                                |
| 6a.             | Electricity, heat, natural gas                                                                          | 6a. \$                            | 250.00                         |
| 6b.             | Water, sewer, garbage collection                                                                        | 6b. \$                            | 120.00                         |
| 6c.             | Telephone, cell phone, Internet, satellite, and cable services                                          | 6c. \$                            | 120.00                         |
| 6d.             | Other. Specify: Internet                                                                                | 6d. \$                            | 20.00                          |
|                 | d and housekeeping supplies                                                                             | 7. \$                             | 600.00                         |
|                 | d the housekeeping supplies                                                                             | 8. \$                             | 0.00                           |
|                 |                                                                                                         | 9. \$                             |                                |
|                 | thing, laundry, and dry cleaning                                                                        | ·                                 | 100.00                         |
|                 | sonal care products and services                                                                        | 10. \$                            | 50.00                          |
|                 | lical and dental expenses                                                                               | 11. \$                            | 0.00                           |
|                 | <b>nsportation.</b> Include gas, maintenance, bus or train fare.                                        | 12. \$                            | 200.00                         |
|                 | not include car payments.                                                                               | ·                                 |                                |
|                 | ertainment, clubs, recreation, newspapers, magazines, and be                                            |                                   | 100.00                         |
|                 | ritable contributions and religious donations                                                           | 14. \$                            | 0.00                           |
|                 | urance.                                                                                                 |                                   |                                |
|                 | not include insurance deducted from your pay or included in lines                                       |                                   |                                |
|                 | . Life insurance                                                                                        | 15a. \$                           | 0.00                           |
|                 | . Health insurance                                                                                      | 15b. \$                           | 0.00                           |
| 15c.            | . Vehicle insurance                                                                                     | 15c. \$                           | 236.00                         |
| 15d.            | . Other insurance. Specify:                                                                             | 15d. \$                           | 0.00                           |
| . Tax           | es. Do not include taxes deducted from your pay or included in lin                                      | es 4 or 20.                       |                                |
|                 | cify:                                                                                                   | 16. \$                            | 0.00                           |
| 7. Inst         | allment or lease payments:                                                                              |                                   |                                |
| 17a.            | . Car payments for Vehicle 1                                                                            | 17a. \$                           | 0.00                           |
| 17b.            | . Car payments for Vehicle 2                                                                            | 17b. \$                           | 0.00                           |
|                 | Other Specific                                                                                          | 17c. \$                           | 0.00                           |
|                 | Other. Specify:                                                                                         |                                   | 0.00                           |
|                 | r payments of alimony, maintenance, and support that you di                                             |                                   | 0.00                           |
|                 | ucted from your pay on line 5, Schedule I, Your Income (Offic                                           |                                   | 0.00                           |
|                 | er payments you make to support others who do not live with                                             |                                   | 0.00                           |
| Spe             | • • • • • • • • • • • • • • • • • • • •                                                                 | 19.                               | <u> </u>                       |
|                 | er real property expenses not included in lines 4 or 5 of this f                                        |                                   |                                |
|                 | . Mortgages on other property                                                                           | 20a. \$                           | 0.00                           |
|                 | . Real estate taxes                                                                                     | 20b. \$                           | 0.00                           |
|                 | Property, homeowner's, or renter's insurance                                                            | 20c. \$                           | 0.00                           |
|                 |                                                                                                         | 20d. \$                           |                                |
|                 | . Maintenance, repair, and upkeep expenses                                                              | ·                                 | 0.00                           |
|                 | . Homeowner's association or condominium dues                                                           | 20e. \$                           | 0.00                           |
| . Oth           | er: Specify:                                                                                            | 21. +\$                           | 0.00                           |
| 2. Calo         | culate your monthly expenses                                                                            |                                   |                                |
|                 | . Add lines 4 through 21.                                                                               | \$                                | 2,596.00                       |
|                 | Š                                                                                                       |                                   | 2,396.00                       |
|                 | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official                                   | # TOIIII 100J-2 #                 |                                |
| 22c.            | Add line 22a and 22b. The result is your monthly expenses.                                              | \$                                | 2,596.00                       |
| Cale            | culate your monthly net income.                                                                         |                                   |                                |
|                 | . Copy line 12 (your combined monthly income) from Schedule I.                                          | 23a. \$                           | 2 027 24                       |
|                 |                                                                                                         |                                   | 2,037.24                       |
| ∠3D.            | . Copy your monthly expenses from line 22c above.                                                       | 23b\$                             | 2,596.00                       |
| 226             | Cubtract your monthly expenses from your monthly in a                                                   |                                   |                                |
| ∠3C.            | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. \$                           | -558.76                        |
|                 | The result is your <i>monthly net income</i> .                                                          | 200.                              | 5555                           |
| I. Do v         | you expect an increase or decrease in your expenses within t                                            | he year after you file this form? |                                |
|                 | example, do you expect to finish paying for your car loan within the year or                            |                                   | rease or decrease because of a |
|                 | ification to the terms of your mortgage?                                                                | , 1,111,111                       |                                |
|                 | , , ,                                                                                                   |                                   |                                |
|                 |                                                                                                         |                                   |                                |
|                 | res. Expiain nere.                                                                                      |                                   |                                |